

REPORT TO THE LEGISLATURE

**Timeliness of Services Related to
Competency to Proceed or Stand Trial
2016 Annual Report**

SSB 6492, Section 2(4)
Chapter 256, Laws of 2012

September 1, 2017

Behavioral Health Administration
Office of Forensic Mental Health Services
PO Box 45050
Olympia, WA 98504-5050
(360) 725-2260

[https://www.dshs.wa.gov/bha/office-service-integration/
office-forensic-mental-health-services](https://www.dshs.wa.gov/bha/office-service-integration/office-forensic-mental-health-services)

TABLE OF CONTENTS

BACKGROUND	3
COMPETENCY EVALUATION AND RESTORATION DATA.....	4
DATA ANALYSIS AND DISCUSSION.....	5
SECTION 1: STATEWIDE FORENSIC SYSTEM DATA	5
SECTION 2: COUNTY FORENSIC SYSTEM DATA	9
SECTION 3: ACTIONS TAKEN	14
NEXT STEPS.....	16
SUMMARY	17

BACKGROUND

Substitute Senate Bill (SSB) 6492 (Chapter 256, Laws of 2012), was enacted by the 2012 Legislature to improve the timeliness of competence evaluation and restoration services. In particular, Section 2(4) ¹of that law states the following:

Beginning December 1, 2013, the department shall report annually to the legislature and the executive on the timeliness of services related to competency to proceed or stand trial and the timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. The report must be in a form that is accessible to the public and that breaks down performance by county.

This 2016 annual report provides data on the timeliness of competence to stand trial services during the reporting period from 10/1/2015 through 9/30/2016. DSHS is making every effort to provide competency services within the State standards.

In April 2015, the U.S. District Court found that waiting times for competency to stand trial services violate the substantive due process rights of criminal defendants, and established 7 days as the maximum justifiable period of incarceration absent an individualized finding of good cause. DSHS appealed the 7-day evaluation deadline to the 9th Circuit Court of Appeals for in-custody evaluations only. The results of this appeal from the 9th Circuit Court of Appeals was for the in-custody evaluations to be completed within 14 days of court order signature.

In response, the Legislature appropriated funding to address the court's findings. With that funding DSHS:

- Acquired the services of a full-time professional recruiter from the DSHS Headquarters Human Resource Division (HQ HRD) Talent Acquisition group.
- Filled Leadership and Management positions for the BHA Office of Forensic Mental Health Services.
- Worked with Maple Lane project team to identify, recruit, assess and hire 24 Residential Rehabilitation Counselors, 13 Security Guards and 3 Maintenance Technicians. Maple Lane was staffed within five weeks and opened on schedule in April 2016.

¹ Section 2 of that law, which was codified as RCW 10.77.068, established performance targets related to evaluating competence and offering restoration services. RCW 10.77.068 also defined the time period measured in these performance targets as the date on which the state hospital receives the court referral and charging documents, discovery, and criminal history information related to the defendant. RCW 10.77.068 was subsequently amended during the 2015 regular session by Section 1 of Substitute Senate Bill (SSB) 5889 (Chapter 5, Laws of 2015). That law retained the seven-day performance targets for completion of competency to stand trial (CST) services, and also established maximum time limits for the completion of those services, which are to be phased in over a one-year time period beginning July 1, 2015.

- Identified and assessed over sixty applicants for forensic evaluator and evaluator supervisor positions. Thirteen new forensic evaluators were hired.
- Finalized negotiations with CMS to enter a 13 month Systems Improvement Agreement (SIA) to allow WSH the time and guidance needed to fix systemic operating problems and put more focus on patient treatment and overall safety.
- Implemented the WSH emergency hire project.
- Opened 54 competency restoration beds in the state's first two Competency Restoration Residential Treatment Facilities by July 2016.
- Opened 15 new forensic beds at Western State Hospital (WSH) in April 2016 and 27 forensic beds at Eastern State Hospital (ESH) as of May 2016.

In Washington State, forensic mental health services are provided within heightened security facilities at two adult state psychiatric hospitals. By September 30, 2016, the Center for Forensic Services provided 284 forensic beds at Western State Hospital (WSH) with 120 beds at WSH designated as pre-trial evaluation, restoration and forensic-to-civil conversion beds. The remaining forensic beds house individuals who were found not guilty by reason of insanity.

On September 30, 2016, the Forensic Services Unit at Eastern State Hospital (ESH) had a total of 125 beds with 55 of those beds designated for pre-trial evaluation and treatment forensic beds. The remaining forensic beds were close to full capacity with individuals who were found not guilty by reason of insanity at this time.

COMPETENCY EVALUATION AND RESTORATION DATA

RCW 10.77.068(1)(a)(i)(A) and (ii)(A), as amended by SSB 5889, establishes a performance target of seven days or less for the state hospitals to:

- 1) Extend an offer of admission to a defendant in pretrial custody for legally authorized treatment or evaluation services related to competency; or
- 2) Extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial.

RCW 10.77.068(1)(a)(iii)(A), as amended by SSB 5889, sets a performance expectation that competency evaluations for a defendant who is in jail will be completed and distributed within seven days or less.

RCW 10.77.068(1)(a)(iv), as amended by SSB 5889, sets a performance expectation that competency evaluations for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation will be completed and distributed within twenty-one day or less.

DATA ANALYSIS AND DISCUSSION

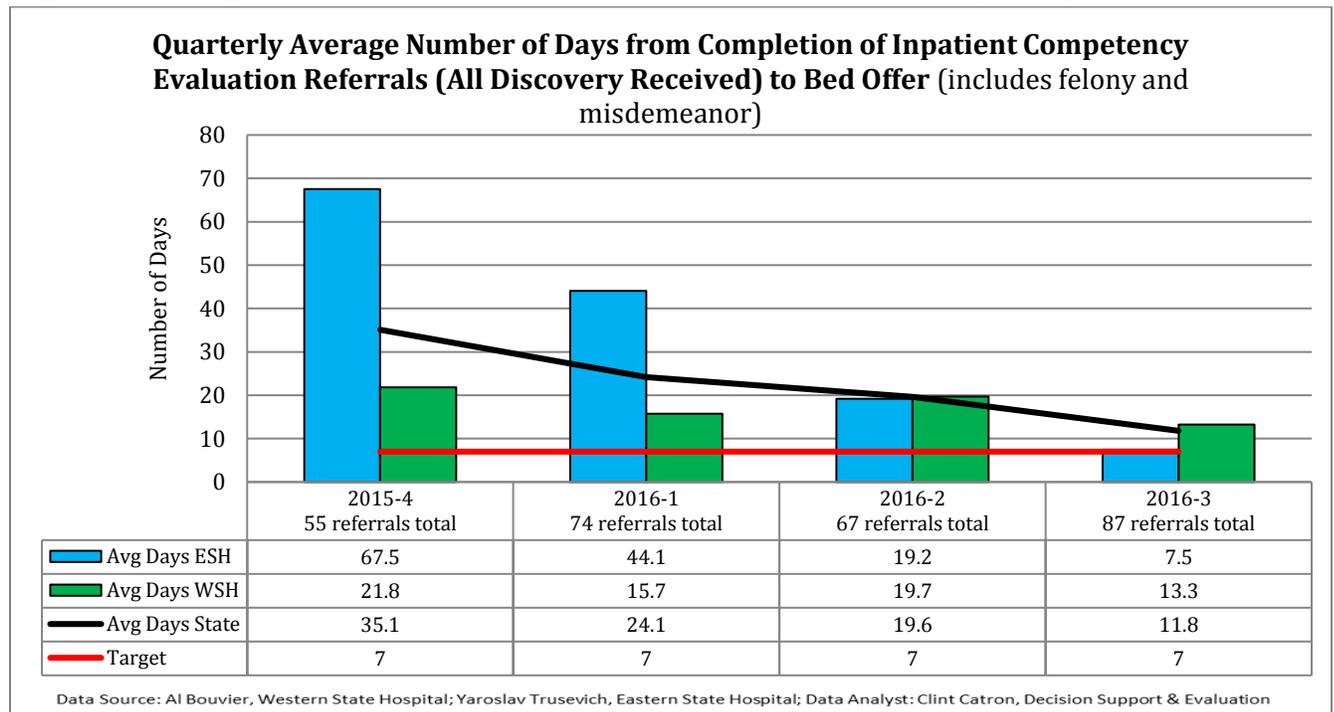
In this section, the report is organized in the following manner: 1) Statewide Forensic System Data 2) County Forensic System Data, and 3) Actions Taken.

Additional detailed data and information about timely competency services is available in monthly reports published by the Department of Social and Health Services in compliance with requirements established in the April 2015 *Trueblood* court order. These reports are available at: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/trueblood-et-al-v-washington-state-dshs>.

Please note that the data presented in this report differs slightly than in the *Trueblood* reports because the statute begins the count for timely service at the date of receipt of Discovery while the *Trueblood* order begins the count at the date the court order for services is signed.

SECTION 1: STATEWIDE FORENSIC SYSTEM DATA

Figure 1: Average Number of Days from Referral to Bed offer for Competency Evaluation



This data includes Personal Recognizance (PR's) and the following data note:

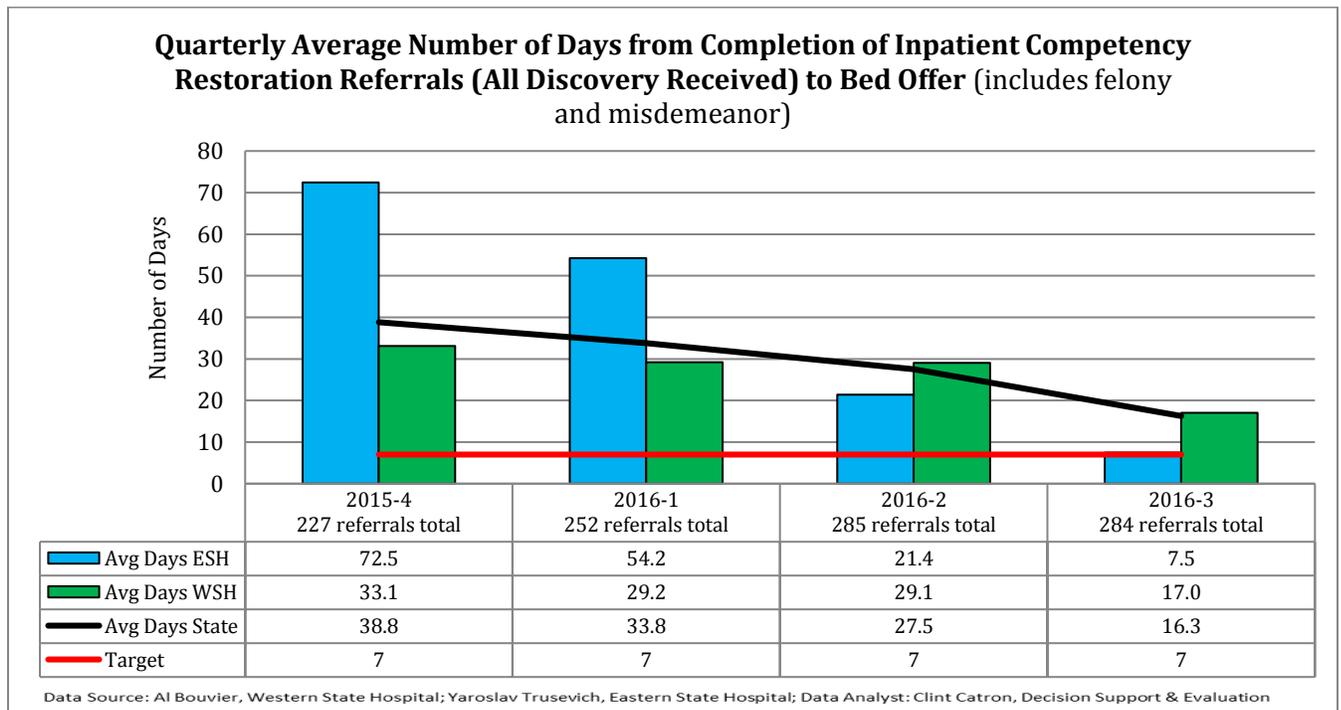
- 1) Due to limitations of the data system at Eastern State Hospital, data reported in the last annual report included both competency and non-competency referrals. Adjustments are made in the current report so only admissions for competency services are included.
- 2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from the related data table in this report which includes later updates made to the system.

- **Figure 1.** These are the wait times related to hospital admission for inpatient competency evaluations (including PR's).
- *Outcomes:* During the reporting period Western State Hospital (WSH) experienced a decrease in average wait times by more than eight days while Eastern State Hospital (ESH) experienced a decrease in average wait times by 60 days. These decreases were

achieved despite an increase in referrals of over 50% during this annual report period. Additionally, this was an increase of 45% from last annual reporting period (194 referrals) to this annual reporting period (283 referrals)

- *Drivers:* The decreases at WSH and ESH are attributed to increased capacity and changes to more efficiently manage patient movement through the system. Specifically, for ESH, 27 beds were opened between quarter one and two of 2016 which significantly impacted the timeframe for admission (the dramatic decrease in wait times that are evident). Additionally, once the 27 beds were brought on-line ESH administration staff worked closely with community partners in reducing the wait time to just above seven days. Furthermore, during the reporting period the Department began operating 96 additional beds including 54 beds at Yakima and Maple Lane Temporary Alternate Competency Restoration sites. Furthermore, the Department added a Central Forensic Admissions Coordinator to better manage the flow of referrals between the four available inpatient sites, which all operated at or near 85% capacity during the reporting period. An early referral program was also instituted during the reporting period in which clients receiving restoration services are monitored closely. The early referral program is a process in which the treatment team decides an individual is ready for a competency evaluation based on overcoming barriers to competency as outlines in the treatment triggering a referral to a forensic evaluator. For example, the treatment team may determine a person admitted on a 90 day restoration order is ready for evaluation after 14 days. The referral is made and the evaluation is then completed thereby reducing length of stay significantly and allowing for an increase turnover in beds.

Figure 2: Average Number of Days from Referral to Bed Offer for Competency Restoration



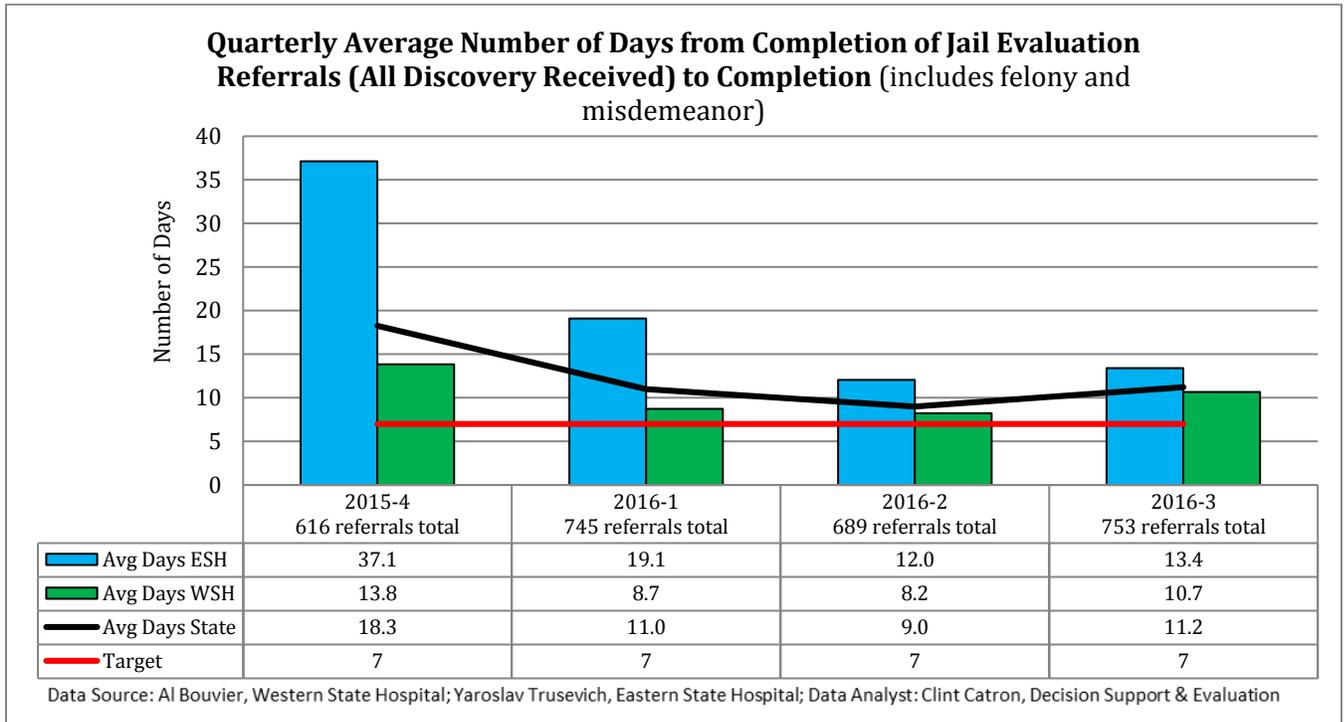
This data includes Personal Recognizance (PR's) and the following data note:

1) Due to limitations of the data system at Eastern State Hospital, data reported in the last annual report included both competency and

non-competency referrals. Adjustments are made in the current report so only admissions for competency services are included.
2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from the related data table in this report which includes later updates made to the system.

- **Figure 2.** These are the wait times related to hospital admission for inpatient competency restoration treatment (including PR's).
- *Outcomes:* During the reporting period WSH saw a decrease in average wait times of over 16 days while ESH saw a decrease of 65 days. During the same period, the hospital experienced an increase of 57 referrals (25% increase). In comparing referrals from last year to this annual report, there were 1048 referrals this period while last year there were 835 referrals (a 25% total increase in referrals from one year to the next). WSH had a decrease of 16.1 days while ESH had a decrease of 65 days.
- *Drivers:* The decreases experienced during this reporting period are attributed to increased capacity and changes to more efficiently manage patient movement through the system. Specifically, for ESH, 27 beds were opened between quarter one and two of 2016 which significantly impacted the timeframe for admission (the dramatic decrease in wait times that are evident). During the reporting period the Department began operating 96 additional beds including 54 beds at Yakima and Maple Lane Temporary Alternate Competency Restoration sites. The Department added a Central Forensic Admissions Coordinator to better manage the flow of referrals between the four available inpatient sites, which all operated at or near 85% capacity during the reporting period. An early referral program was also instituted during the reporting period in which clients receiving restoration services are monitored closely. The early referral program is a process in which the treatment team decides an individual is ready for a competency evaluation based on overcoming barriers to competency as outlines in the treatment triggering a referral to a forensic evaluator. For example, the treatment team may determine a person admitted on a 90 day restoration order is ready for evaluation after 14 days. The referral is made and the evaluation is then completed thereby reducing length of stay significantly and allowing for an increase turnover in beds.

Figure 3: Average Number of Days from referral of in jail evaluation to completion

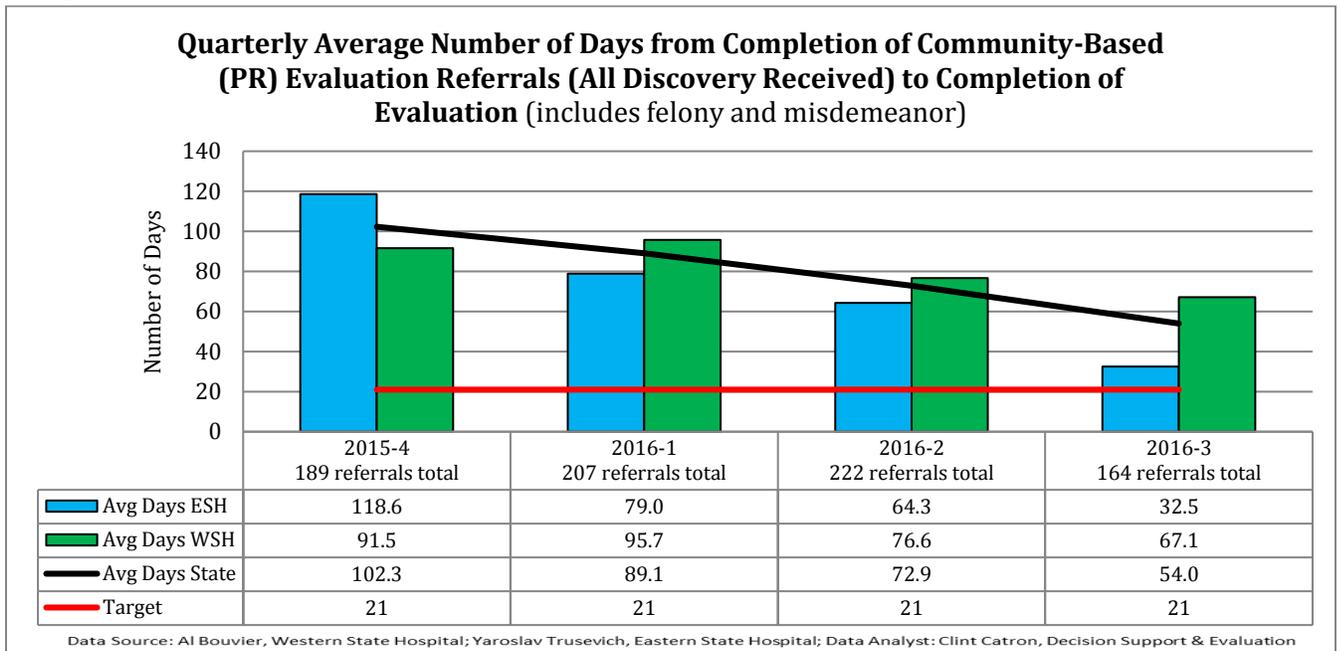


Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, data reported in the last annual report included both competency and non-competency referrals. Adjustments are made in the current report so only admissions for competency services are included.
- 2) Data in this graph presents a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from the related data table in this report which includes later updates made to the system.

- **Figure 3.** These are the number of days to complete jail (in-custody) evaluation referrals.
- *Outcomes:* The table above shows total number of referrals are increasing markedly with 137 (22%) more referrals than during the same period of time last year. In fact there were 25% more referrals in this rating period (2,803) compared to last year (2,234). WSH experienced a decrease in the average time for completion of jail-based evaluation of over three days; while ESH experienced a decrease of nearly 24 days.
- *Drivers:* During this reporting period; DSHS recruited and hired thirteen new Forensic Evaluator positions and began to work on hiring eight additional evaluators. The majority of newly hired evaluators were trained and operational in the field and in the hospitals, and the Department has seen little or no turnover during this period. The additional eight evaluators were hired and became operational during the subsequent reporting period. Additionally, both hospitals made technological gains and implemented the use of digital dictation (Dragon), laptops and Virtual Private Network (VPN). An efficient method for submitting and reviewing dictation, editing work, and access to VPN reduces the turnaround time on reports.

Figure 4: Average number of days from referral of community based evaluation to completion



Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, data reported in the last annual report included both competency and non-competency referrals. Adjustments are made in the current report so only admissions for competency services are included.
- 2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from the related data table in this report which includes later updates made to the system.

- **Figure 4.** These are the completion times related to Community based (Personal Recognizance; PR) competency evaluation referrals.
- *Outcomes:* During the reporting year, total referrals decreased by 25; however total referrals for the year (782) were 42% more than the previous reporting year (550 referrals). WSH had a decrease in completion times for community based evaluation referrals by 24.4 days and ESH had a decrease of 86.1 days.
- *Drivers:* The decrease at both WSH and ESH is attributed to increased evaluator capacity and the continuing technological improvement efforts that have been implemented statewide.

SECTION 2: COUNTY FORENSIC SYSTEM DATA

COUNTY LEVEL RESULTS

SSB 6492 established a requirement that the department annually report “...*timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. The report must be in a form that is accessible to the public and that breaks down performance by county.*”

Tables 1 through 4 below provide this information.

Table 1. Depicts the number of days counties took to complete a referral for inpatient competency services, from the time the order was signed to the time the county forwarded all documents necessary for a complete referral.

COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS	
	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral ²	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral ²
ADAMS					3	0.3	4	Not Reported	3	0.3	4	Not Reported
ASOTIN					4	1.0	5	Not Reported	4	1.0	5	Not Reported
BENTON					6	2.5	20	Not Reported	6	2.5	20	Not Reported
CHELAN					8	7.4	16	Not Reported	8	7.4	16	Not Reported
CLALLAM	1	0.0	10	1.2					1	0.0	10	1.2
CLARK	8	1.6	81	1.6					8	1.6	81	1.6
COLUMBIA					2	0.5	1	Not Reported	2	0.5	1	Not Reported
COWLITZ	5	2.8	15	2.7					5	2.8	15	2.7
DOUGLAS					0	n/a	0	n/a	0	n/a	0	n/a
FERRY					0	n/a	0	n/a	0	n/a	0	n/a
FRANKLIN					6	2.4	15	Not Reported	6	2.4	15	Not Reported
GARFIELD					0	n/a	0	n/a	0	n/a	0	n/a
GRANT					2	14.5	7	Not Reported	2	14.5	7	Not Reported
GRAYS HARBOR	2	18.5	23	2.1					2	18.5	23	2.1
ISLAND	4	1.0	5	3.2					4	1.0	5	3.2
JEFFERSON	1	0.0	4	2.8					1	0.0	4	2.8
KING	93	1.7	268	0.6					93	1.7	268	0.6
KITSAP	6	4.2	49	3.9					6	4.2	49	3.9
KITITIAS					3	20.3	1	Not Reported	3	20.3	1	Not Reported
KLICKITAT					0	n/a	3	Not Reported	0	n/a	3	Not Reported
LEWIS	1	20.0	16	0.6					1	20.0	16	0.6
LINCOLN					0	n/a	1	Not Reported	0	n/a	1	Not Reported
MASON	3	7.0	19	1.7					3	7.0	19	1.7
OKANOGAN					2	0.5	9	Not Reported	2	0.5	9	Not Reported
PACIFIC	2	10.5	6	7.7					2	10.5	6	7.7
PEND OREILLE					1	29.0	3	Not Reported	1	29.0	3	Not Reported
PIERCE	66	1.8	236	3.3					66	1.8	236	3.3
SAN JUAN	0	n/a	0	n/a					0	n/a	0	n/a
SKAGIT	2	0.5	9	3.9					2	0.5	9	3.9
SKAMANIA	0	n/a	1	0.0					0	n/a	1	0.0
SNOHOMISH	8	0.8	75	1.5					8	0.8	75	1.5
SPOKANE					16	11.2	47	Not Reported	16	11.2	47	Not Reported
STEVENS					1	0.0	5	Not Reported	1	0.0	5	Not Reported
THURSTON	9	6.4	79	4.6					9	6.4	79	4.6
WAHIAKUM	1	2.0	1	3.0					1	2.0	1	3.0
WALLA WALLA					1	1.0	1	Not Reported	1	1.0	1	Not Reported
WHATCOM	17	4.8	26	1.6					17	4.8	26	1.6
WHITMAN					0	n/a	1	Not Reported	0	n/a	1	Not Reported
YAKIMA					25	10.5	26	Not Reported	25	10.5	26	Not Reported
TOTAL/AVERAGE	229	2.5	923	2.2	80	8.3	165	Not Reported	309	4.0	1,088	2.2

Data Notes:

1 Due to limitations of the data system at Eastern State Hospital, data previously reported has included all competency and non-competency referrals. The data in this table primarily include competency referrals; however, referrals reported here that were closed or withdrawn may include a small number of non-competency referrals.

2 Due to limitations of the data system at Eastern State Hospital and the fact that discovery for restoration referrals is received during the inpatient evaluation order, there are concerns with the accuracy of the estimation between court order and discovery for restoration, and therefore, it is not reported here.

3 The average across counties for both hospitals is a weighted average.

- **Outcomes:** During this reporting period, counties in the ESH catchment area took 5.8 days longer to than counties in the WSH catchment area to submit completed packets (Discovery information).
- **Drivers:** To address this discrepancy, the OFMHS liaison and diversion specialist worked with counties to reduced submission time of material. Considerations to reduce submission time included using uniform court order, submitting complete packets to the appropriate email/fax address (and providing those contact numbers/information), and establishing points of contact at both ESH and OFMHS if any system issues were evident.

Table 2. Describes the delay between the hospital receiving a complete referral and offering admission.

Table 2												
Number of Inpatient Competency Evaluation and Restoration Admission Bed Offers Made												
By County, Hospital, and Order Type												
Target: 7 Days												
10/1/2015 - 9/30/2016												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS	
	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer
ADAMS					5	29.2	3	14.5	5	29.2	3	14.5
ASOTIN					4	12.3	5	14.2	4	12.3	5	14.2
BENTON					3	17.7	24	42.8	3	17.7	24	42.8
CHELAN					9	35.8	18	49.3	9	35.8	18	49.3
CLALLAM	1	11.0	8	25.5					1	11.0	8	25.5
CLARK	9	18.7	75	31.8					9	18.7	75	31.8
COLUMBIA					2	10.5	1	0.0	2	10.5	1	0.0
COWLITZ	4	16.0	15	33.1					4	16.0	15	33.1
DOUGLAS					0	n/a	0	n/a	0	n/a	0	n/a
FERRY					0	n/a	0	n/a	0	n/a	0	n/a
FRANKLIN					7	43.8	12	18.2	7	43.8	12	18.2
GARFIELD					0	n/a	0	n/a	0	n/a	0	n/a
GRANT					2	33.5	6	47.0	2	33.5	6	47.0
GRAYS HARBOR	1	23.0	23	28.4					1	23.0	23	28.4
ISLAND	3	5.7	7	20.6					3	5.7	7	20.6
JEFFERSON	1	27.0	5	22.8					1	27.0	5	22.8
KING	83	19.0	249	26.5					83	19.0	249	26.5
KITSAP	5	24.0	44	19.5					5	24.0	44	19.5
KITITIAS					2	23.5	1	67.0	2	0.0	1	67.0
KLICKITAT					0	n/a	3	19.3	0	n/a	3	19.3
LEWIS	0	n/a	16	40.6					0	n/a	16	40.6
LINCOLN					0	n/a	1	7.0	0	n/a	1	7.0
MASON	2	30.0	20	40.7					2	30.0	20	40.7
OKANOGAN					2	23.5	10	48.7	2	23.5	10	48.7
PACIFIC	2	13.5	8	30.0					2	13.5	8	30.0
PEND OREILLE					0	n/a	3	29.0	0	n/a	3	29.0
PIERCE	58	14.4	231	27.1					58	14.4	231	27.1
SAN JUAN	0	n/a	0	n/a					0	n/a	0	n/a
SKAGIT	2	23.0	9	43.1					2	23.0	9	43.1
SKAMANIA	0	n/a	1	41.0					0	n/a	1	41.0
SNOHOMISH	7	16.9	69	27.8					7	16.9	69	27.8
SPOKANE					20	40.5	47	28.9	20	40.5	47	28.9
STEVENS					1	7.0	5	42.4	1	7.0	5	42.4
THURSTON	6	19.2	72	29.6					6	19.2	72	29.6
WAHKIAKUM	1	23.0	1	27.0					1	23.0	1	27.0
WALLA WALLA					1	2.0	3	68.7	1	2.0	3	68.7
WHATCOM	15	16.9	24	39.6					15	16.9	24	39.6
WHITMAN					1	18.0	1	1.0	1	18.0	1	1.0
YAKIMA					17	38.3	32	39.8	17	38.3	32	39.8
TOTAL AVERAGE	200	17.4	877	28.3	76	33.4	175	35.9	276	21.8	1,052	29.6

Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, data previously reported has included all competency and non-competency referrals. The data in this table include admissions for competency services only.
- 2) Due to the dynamic data system, the data presented in this table will vary slightly from the data presented in the associated graphs in the report given that the data in the graphs represent a snapshot of the data for that quarter after the quarter was completed, and the data presented in this table includes later updates made to the data system.
- 3) The average across counties for both hospitals is a weighted average.

- **Outcomes:** For this period, counties in the ESH catchment area had longer wait times for both evaluation and restoration bed offers than counties in the WSH catchment area
- **Drivers:** ESH has a longer wait time because on average five days were lost because of the delay in receiving the completed packet. Additionally, the data is aggregated across all four quarters in this chart; as such ESH's significant delays for the first and second quarter before the 27 beds were opened impacted the average wait time.

Table 3. Depicts the number of days counties took to complete a referral for outpatient competency services from the time the order was signed to the time the county forwarded all documents necessary for a complete referral. The data in this table is further broken down as to whether the defendant was in custody (labeled as Jail) or was in the community (labeled as PR).

Table 3													
Number of Outpatient Competency Evaluation Orders Received													
By County, Hospital, and Order Type													
10/1/2015 - 9/30/2016													
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL				
	JAIL		PR		JAIL		PR		JAIL		PR		
	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	
ADAMS					2	0.0	1	0.0	2	0.0	1	0.0	
ASOTIN					7	3.7	0	n/a	7	3.7	0	n/a	
BENTON					86	1.6	59	1.8	86	1.6	59	1.8	
CHELAN					47	2.5	25	2.5	47	2.5	25	2.5	
CLALLAM	41	3.9	15	1.7					41	3.9	15	1.7	
CLARK	235	0.8	100	3.6					235	0.8	100	3.6	
COLUMBIA					1	1.0	3	6.3	1	1.0	3	6.3	
COWLITZ	27	0.8	3	1.0					27	0.8	3	1.0	
DOUGLAS					7	9.4	1	1.0	7	9.4	1	1.0	
FERRY					0	n/a	2	2.5	0	n/a	2	2.5	
FRANKLIN					61	6.3	22	3.2	61	6.3	22	3.2	
GARFIELD					1	1.0	0	n/a	1	1.0	0	n/a	
GRANT					27	4.6	16	6.1	27	4.6	16	6.1	
GRAYS HARBOR	81	0.9	26	2.7					81	0.9	26	2.7	
ISLAND	4	2.0	12	3.5					4	2.0	12	3.5	
JEFFERSON	13	2.2	6	0.8					13	2.2	6	0.8	
KING	1181	0.6	419	2.6					1181	0.6	419	2.6	
KITSAP	109	0.5	37	0.4					109	0.5	37	0.4	
KITTTITAS					4	5.0	11	8.2	4	5.0	11	8.2	
KLICKITAT					4	4.5	1	1.0	4	4.5	1	1.0	
LEWIS	42	0.5	9	0.1					42	0.5	9	0.1	
LINCOLN					3	7.3	1	22.0	3	7.3	1	22.0	
MASON	46	1.7	36	4.6					46	1.7	36	4.6	
OKANOGAN					26	4.0	18	5.5	26	4.0	18	5.5	
PACIFIC	15	4.1	1	0.0					15	4.1	1	0.0	
PEND OREILLE					11	0.9	6	1.7	11	0.9	6	1.7	
PIERCE	278	1.6	150	3.5					278	1.6	150	3.5	
SAN JUAN	0	n/a	0	n/a					0	n/a	0	n/a	
SKAGIT	26	2.6	23	13.4	0	n/a	1	101.0	26	2.6	24	57.2	
SKAMANIA	3	8.7	1	1.0					3	8.7	1	1.0	
SNOHOMISH	226	1.2	70	6.6					226	1.2	70	6.6	
SPOKANE	1	0.0	0	n/a	214	3.9	105	4.7	215	3.9	105	4.7	
STEVENS	1	3.0	0	n/a	13	2.8	4	7.5	14	2.9	4	7.5	
THURSTON	147	1.3	41	2.8					147	1.3	41	2.8	
WAHKLAKUM	1	0.0	2	0.0					1	0.0	2	0.0	
WALLA WALLA					3	1.7	4	23.5	3	1.7	4	23.5	
WHATCOM	79	1.7	21	2.1					79	1.7	21	2.1	
WHITMAN					2	2.0	0	n/a	2	2.0	0	n/a	
YAKIMA					92	3.1	53	11.5	92	3.1	53	11.5	
TOTAL AVERAGE	2,556	1.0	972	3.3	611	3.6	333	5.7	3,167	1.5	1,305	4.7	

Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, data previously reported has included all competency and non-competency referrals. The data in this table primarily include competency referrals; however, referrals reported here that were closed or withdrawn may include a small number of non-competency referrals.
- 2) The average across counties for both hospitals is a weighted average.

- **Outcomes:** ESH took, on average, two more days to receive documents for either a jail or PR referral.
- **Drivers:** To address this discrepancy, the OFMHS liaison and diversion specialist worked with counties to reduced submission time of material. Considerations to reduce submission time included using uniform court order, submitting complete packets to the appropriate

email/fax address (and providing those contact numbers/information), and establishing points of contact at both ESH and OFMHS if any system issues were evident.

Table 4. Describes the delay between receiving a complete referral for outpatient evaluation and the date the evaluation was completed. The data in this table is further broken down as to whether the defendant was in custody (labeled as Jail) or was in the community (labeled as PR).

Table 4												
Number of Outpatient Competency Evaluation Reports Completed (Faxed)												
By County, Hospital, and Order Type												
Target: 7 Days for Jail, 21 Days for PR												
10/1/2015 - 9/30/2016												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	JAIL		PR		JAIL		PR		JAIL		PR	
	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax
ADAMS					2	9.0	1	17.0	2	9.0	1	17.0
ASOTIN					6	22.7	0	n/a	6	22.7	0	n/a
BENTON					77	21.8	46	66.0	77	21.8	46	66.0
CHELAN					39	17.6	19	75.2	39	17.6	19	75.2
CLALLAM	37	11.4	19	95.7					37	11.4	19	95.7
CLARK	235	9.1	92	67.9					235	9.1	92	67.9
COLUMBIA					1	11.0	3	62.0	1	11.0	3	62.0
COWLITZ	27	12.6	2	133.5					27	12.6	2	133.5
DOUGLAS					5	13.2	1	29.0	5	13.2	1	29.0
FERRY					0	n/a	1	3.0	0	n/a	1	3.0
FRANKLIN					58	19.9	13	77.0	58	19.9	13	77.0
GARFIELD					1	13.0	0	n/a	1	13.0	0	n/a
GRANT					28	19.3	13	75.4	28	19.3	13	75.4
GRAYS HARBOR	80	8.0	22	95.4					80	8.0	22	95.4
ISLAND	4	34.0	11	59.2					4	34.0	11	59.2
JEFFERSON	13	9.7	3	64.5					13	9.7	3	64.5
KING	1177	13.7	411	90.3					1177	13.7	411	90.3
KITSAP	111	8.1	26	87.6					111	8.1	26	87.6
KITITIAS					4	20.3	10	79.8	4	20.3	10	79.8
KLICKITAT					3	13.3	1	34.0	3	13.3	1	34.0
LEWIS	41	6.6	12	92.3					41	6.6	12	92.3
LINCOLN					1	17.0	0	n/a	1	17.0	0	n/a
MASON	42	20.1	39	80.0					42	20.1	39	80.0
OKANOGAN					28	30.4	11	53.9	28	30.4	11	53.9
PACIFIC	15	7.7	1	21.0					15	7.7	1	21.0
PEND OREILLE					8	18.3	3	74.3	8	18.3	3	74.3
PIERCE	276	9.1	141	93.0					276	9.1	141	93.0
SAN JUAN	0	n/a	0	n/a					0	n/a	0	n/a
SKAGIT	25	20.0	28	82.6			1	78.0	25	20.0	29	80.3
SKAMANIA	3	9.0	1	0.0					3	9.0	1	0.0
SNOHOMISH	212	12.6	63	80.6					212	12.6	63	80.6
SPOKANE	1	18.0	0	n/a	198	18.2	112	86.6	199	18.1	112	86.6
STEVENS	1	4.0	0	n/a	14	18.1	5	83.4	15	11.0	5	83.4
THURSTON	149	9.2	55	86.6					149	9.2	55	86.6
WAHKIAKUM	1	14.0	2	107.0					1	14.0	2	107.0
WALLA WALLA					2	13.0	3	81.3	2	13.0	3	81.3
WHATCOM	72	16.5	20	102.5					72	16.5	20	102.5
WHITMAN					2	14.0	0	n/a	2	14.0	0	n/a
YAKIMA					88	19.8	44	68.1	88	19.8	44	68.1
TOTAL/AVERAGE	2,522	12.0	948	86.4	565	19.6	287	75.8	3,087	13.4	1,235	84.3

Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, data previously reported has included all competency and non-competency referrals. The data in this table include fixed evaluations for competency services only.
- 2) Due to the dynamic data system, the data presented in this table will vary slightly from the data presented in the associated graphs in the report given that the data in the graphs represent a snapshot of the data for that quarter after the quarter was completed, and the data presented in this table includes later updates made to the data system.
- 3) The average across counties for both hospitals is a weighted average.

- **Outcomes:** For in-custody evaluations, WSH completed referrals on average nearly eight days faster than ESH. However, for PR evaluations, ESH completed evaluations nearly 11 days faster than WSH.
- **Drivers:** WSH had a larger staffing pool initially to handle the in-custody evaluations versus ESH and were able to divert all available resources to complete in-custody evaluations. ESH completed PR evaluations faster based on the smaller amount of referrals.

SECTION 3: ACTIONS TAKEN

DSHS submitted a Long-Term Plan to the Court in July, 2015 which outlines DSHS' plans for coming into compliance with the timelines established in the *Trueblood* decision. On February 8, 2016, the Court issued an order modifying the original April 2, 2015 order, providing a new timeline requiring full compliance as of May 27, 2016. Pursuant to the Court's February 8, 2016 order, DSHS revised the long-term plan and submitted this plan to the Court on May 6, 2016.

The Long Term plan can be found by visiting:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2016Trueblood/Combined-Long-Term-Plan-2016-05-06.pdf>.

The Office of Forensic Mental Health Services is responsible for the leadership and management of Washington's forensic mental health care system, and is addressing the increase in demand for mental health services for adults and youth in the criminal justice system. The OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity (NGRI) treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. The OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of forensic mental health services; data management and resource allocation; training and certification of evaluators; quality monitoring and reporting. The OFMHS works in collaboration with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal justice system. Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS. Three major goals for OFMHS during this period were 1) building workforce, 2) building bed capacity, and 3) enhancing and improving technology.

Below are the key actions that occurred during this period to decrease wait times.

A. Workforce

Positions	Number to be Deployed	Current Status
Western State Hospital (forensic evaluator)	8	Hired during this annual report period
Eastern State Hospital (forensic evaluator)	5	Hired during this annual report period
Trueblood Project Manager	1	Hired October 2015
Liaison and Diversion Specialist	1	Hired September 2015
Compliance Reporting Specialist	1	Hired October 2015

Workforce Development Administrator	1	Hired April 2016
Quality Assurance Manager	1	Hired April 2016
Director, Office of Forensic Mental Health Services	1	Hired May 2016
Central Forensic Admissions Coordinator	1	Hired August 2016

In July 2016 the Department identified an opportunity to increase timely restoration services through more expedited re-evaluations for those receiving restoration treatment. In order to implement this strategy, authority was granted to hire eight additional Forensic Evaluators and one Supervisor. After training, each new evaluator will potentially contribute 12 additional evaluations per month. The Office of Forensic Mental Health Services also continued efforts to fill existing vacant positions. The status of all Workforce actions is reported on a quarterly and monthly basis.

During the next year training for evaluators will be completed and we will track the impacts of additional evaluation capacity timeliness for competency evaluations and admission into restoration beds. The competency restoration programming (Breaking Barriers) will be updated/revised and training will occur at all sites to help with the early referral process (as this will help increase the turnover in bed use thereby allowing the Department to serve more individuals and work toward compliance).

B. Capacity

During this period, 96 new beds were opened including 27 beds at ESH, 15 beds at WSH, and 54 beds at two temporary alternate competency restoration sites. Two temporary Residential Treatment Facilities (RTF's) were established to provide additional capacity and more timely admission for competency restoration treatment. The Yakima RTF opened in March 2016 and has a capacity of 24 male patients. By September of 2016 this program was at 83% occupancy. The Maple Lane RTF opened in April of 2016, and can serve a capacity of 30 patients (male and female). By September of 2016 this program was at 87% occupancy. At the end of September reporting cycle the temporary alternate sites were contributing 54 extra beds to the system and thereby helping reduce the waitlist.

Yakima and Maple Lane RTF's have shown successful outcomes in the first two quarters since opening in 2016 such as decreased lengths of stay, lower rates of assaults (patient to patient and patient to staff), and rates of competency at or above those levels found at both state hospital. The Department is evaluating other options for increasing bed capacity and will continue to report out in *Trueblood* monthly and 6492 quarterly reports any updates on bed capacity. A plan was created in August/September 2016 to move eight NGRI patients from WSH to ESH to create eight more competency beds at WSH.

Despite the added capacity, the system has shown significant increase in demand that is outpacing that added capacity. Work will need to be undertaken to continue increasing capacity and reduce demand. Actions are anticipated to take place in the next reporting period to address these challenges and will be included in the next report.

C. Technology

DSHS has continued its work toward building an integrated Forensic Data system to include consistent data entry and tracking of all class members from creation of court order for competency evaluation through completion of evaluation and/or restoration services. The new system will provide evaluators the ability to access discovery documents; regardless of location, to reduce delays. It will also provide a platform for quality reporting from a single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose. Work completed to date includes development of a data dictionary, infrastructure schematic design, completion of an initial database diagram and preliminary workflow diagram, and drafting of an initial system requirements document.

Mobile equipment (laptops, phones) has been deployed to evaluators in addition to microphones for use with dictation software (Dragon). The use of VPN by the evaluators as they travel has been positively received. Reports from the field confirm it is a much more efficient method for submitting and reviewing dictation and editing work, and that access to VPN reduces the turnaround time on reports.

NEXT STEPS

Future reports will provide continued progress reporting and focus on efforts focused on four main areas as it relates to compliance: 1) expanding bed capacity, 2) increasing throughput for inpatient services, 3) managing in-custody evaluations to reduce barriers so compliance can be reached, and 4) decreasing demand for competency services. A key area for OFMHS work is to identify and develop with community stakeholders programs to reduce the demand of competency services.

For example, a current program funded during this rating period is four prosecutorial diversion programs. The desired outcomes will reduce in competency evaluation referrals by liaising with prosecutors office, pre-trial services and jail; assessment and referral; care management, medication management and monitoring; and intensive supports.

SUMMARY

The Department will continue to work on meeting compliance standards set out by the Court and Legislature. In July 2016, the Department had a waitlist of 34 people with 33 beds available. Plans were made to fill those beds; however, by August the referrals began to increase. August, September, and October 2016 were the three highest referral months on record. The Department and OFMHS continue to work on what impacts can be made on these four levers: 1) decrease demand (referrals), 2) increase bed capacity, and 3) increase throughput (quicker turnover in hospitals), and 4) managing in-custody evaluations to reduce barriers so compliance can be reached.